

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			5-3-67
O.I.P. CLASSIFIER			8/1/67
FORMALITY REVIEW			8/2/67
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected	N	Non-elected
- Allowed	I	Interference
- (Through numeral) Canceled	A	Appeal
○ Restricted	O	Obeyed

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
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45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 answers

BEST AVAILABLE COPY